Fairfax County, Virginia

Long-Term Care Task Force

Phase One Report

Report on Trends and Service Gaps

October 2, 2000

Fairfax County

Department of Health

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Dear Reader:

Attached you will find a report on the first phase of the work of the Fairfax County Long-Term Care Task Force. The Long-Term Care Task Force was chartered by the Board of Supervisors and appointed by the County Executive to study long-term care in Fairfax County and develop a strategic plan to meet the challenge that demographic changes will bring. We began our work in late 1999 and we have spent the months since then learning about long-term care, sharing the expertise that Task Force members bring to our work, and identifying key resource gaps. The attached report is a compilation of our work to date.

Our future agenda includes developing strategies and solutions to address the many gaps we have identified. It is our intent to consider the assets offered by every sector of our community as we develop approaches that will work best for Fairfax County residents. We anticipate completing our work in the middle of 2001.

We are disseminating a report at this time in order to:

- Provide the community with an opportunity to tell us if we are on the right track with the trends and gaps we have identified, and offer suggestions for what we may have missed, and to

- Set the stage for further discussions about how the various sectors of the Fairfax County community can contribute to meeting the challenges in long-term care

Thank you for taking the time to help us in our work. We appreciate any comments and suggestions you may have.

Sincerely,

Barry Ingram, Chairman
Fairfax County Long-Term Care Task Force

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Charts and Tables

NOTE: Unless otherwise stated, demographic data is from the 1998 Fairfax County Household Survey; housing data is from the Fairfax County Urban Development Information System (UDIS).

1. Task Force Membership

Barry Ingram, Chair

Gregory Berry	Lonny Blessing
Marlene Blum	Keith Braly
Karen Brown	Gary Carr
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Eileen Dohmann	Pat Garrett
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Martha Glennan	Robin Goldenberg, MD
Thomas Haser	Sally Hottle
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Calvin Martin	Louis McGuinness
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Doris Ray	Phil Reeves
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Diane Schnare	Ed Sheehy
Jeanne Sorrell	Lee Stebbins
Tony Sudler	Donald Sullivan
Timothy Sweeney	Louise Wager

2. Charter and Mission of the Task Force

The Board of Supervisors endorsed the following charter for the Long-Term Care Task Force.

Strategic Plan for Long-Term Care in Fairfax County

The number of County residents who are unable to perform the essential activities of daily living is growing rapidly. Without adequate planning, existing agencies and institutions will be unprepared to effectively respond to residents' need for long term care. Those seeking help may fall into gaps of service delivery or endure needless duplication of administrative prerequisites. Major issues of service requirements, accessibility, affordability, eligibility, and quality must be addressed.

With the goal of improving the quality of long term care-related decisions, the major elements of the strategic plan should include:

A system for periodically assessing County residents' needs for long term care and how best to respond to them.

Methods for determining the range of specific long term care services utilized or desired by individuals, their families, and others as supporting caregivers. This includes developing care plans, marshalling required resources, arranging financing, and educating and training family members and other volunteer providers to furnish as much of the care as they can.

Identification of difficulties encountered in delivery of services and development of better practices and approaches to meeting long term care needs.

Finding ways to overcome barriers to accessing needed services including language and cultural issues, affordability, transportation requirements, housing arrangements, age based eligibility requirements, etc.

Establishment of principles that guide the role of local government, the private sector, and the community, and that support individuals and families in providing care.

Ensuring preventative and rehabilitative services to promote good physical, mental, and emotional health, including community education, health screening, and recreation.

Development and implementation of best practices and other care performance standards for the different groups of adults receiving long term care in institutional, home, and community based settings.

Development of specific recommendations for action on long-term care issues.

A citizen study group supported by staff and other resources of private and public long-term care constituencies will develop the strategic plan. The group will be comprised of approximately 30 representatives, including interested citizen groups, relevant County boards and commissions, long term care provider agencies, business, and academic interests. The group will work with identified expert resources. Throughout the process, periodic reports on status, interim findings and recommendations will be provided to the Board of Supervisors for consideration.

The citizen study group will schedule its meetings, institute task forces, and generally determine the organization of its work.

The duration of the study is not expected to exceed 18 months.

Definition of Long-Term Care
Long-Term Care is the sum of policies and programs that provide social, health, rehabilitative, and supportive services over an extended period of time to those individuals who are limited in performing major life activities.

Mission of Long-Term Care for Fairfax County Residents
The mission of Long-Term Care is to provide community-based, individualized, and comprehensive services that promote consumer choice and independence for adults, eighteen and over, who require support services. These services should have the following attributes: available, accessible, acceptable, cost-effective, continuity, and quality.

Task Force Mission
The Mission of the Long-Term Care Task Force is to develop a Strategic Plan to develop and maintain Long-Term Care Services described in the definition and mission of Long-Term Care for Fairfax County residents.

3. Activities to Date

The Task Force began its work in November of last year (1999). It first completed the necessary organizational and definitional work necessary to undertake its assignment. Second, it spent time learning about demographic and socioeconomic trends, as well as national, state, and local service delivery issues. Third, the Task Force divided itself into five committees for the purpose of conducting a broad scan of the long-term care arena. The committees used the approach of identifying gaps in long-term care services and resources, and used the attributes of availability, affordability, accessibility, and acceptability in conducting their analyses. The products of those committee efforts are included in this report.

4. Putting Long-Term Care into Perspective in Fairfax County: A Profile for 2000 and 2010

Over the past several months the Long-Term Care Task Force has taken the time to look at Fairfax County in relation to the current and future long-term care needs of its residents. In so doing, the Task Force has been able to see both how the County differs from other jurisdictions and how it shares the challenges faced by others. The following section provides the reader with a profile**.**

Potential Population in Need of Long-Term Care Services
The task force has identified persons 65 years and over, and adults under 65 with disabilities, as the primary population focus of its efforts. In 1998 there were an estimated 100,189 persons in this group, representing 11 percent of the County's population. In 2010, it is estimated that there will be 171,789 persons in this group, representing 15 percent of the County's population, for a 72 percent increase over the 10-year period.

Growth of the Older Population
For the nation as a whole, older persons comprise the fastest growing segment of the population. While this is true of Fairfax County as well, older persons in the County represent a smaller percentage of the population than that of the nation. In 2000, 12.6 percent of the nation's population is 65 or older, but only 8.8 percent of the County's population is 65 or older.

When one looks at the next oldest age group, however, a different picture emerges. Nationally, persons in the 55-64 age group comprise 8.7 percent of the population. In the County, they comprise 10.3 percent of the population.

Together, these facts tells us that, assuming current demographic trends hold, the County's short-term challenges may be somewhat less daunting than elsewhere, but long-term challenges may be more daunting. A close look at the County's demographic shifts demonstrates how dramatically different the future may be.

Chart 1 *(next page)* shows the population forecast estimates for the County's age groups (cohorts) for 2000 and 2010. Chart 2 provides a closer look at the forecasted changes by age cohort. Chart 3 *(page after next)* depicts those changes in terms of percentage increase or decrease.

Chart 1:

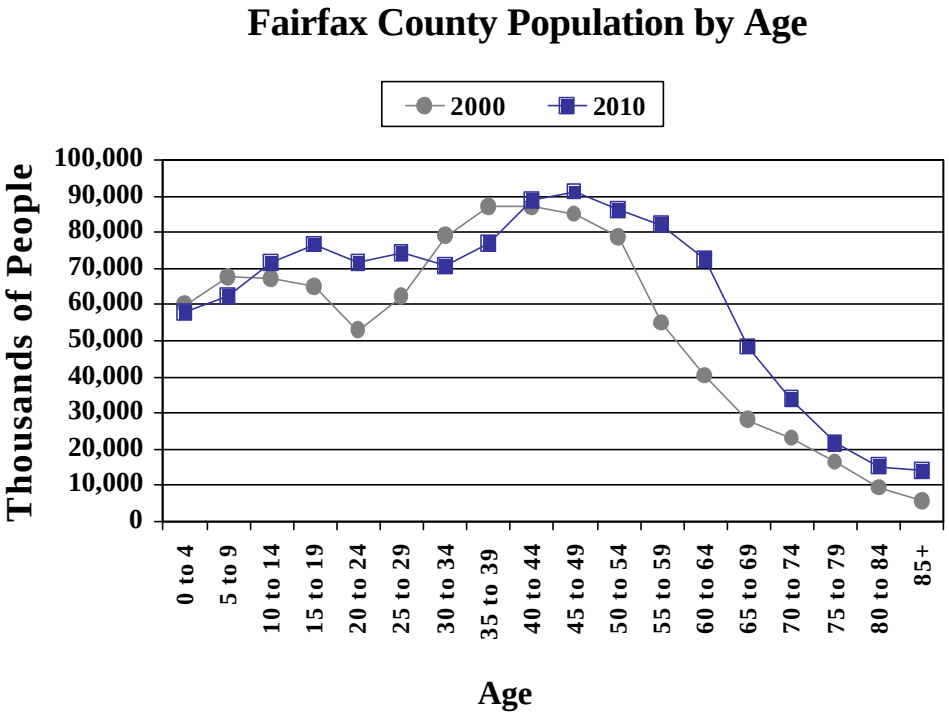


Chart 2:

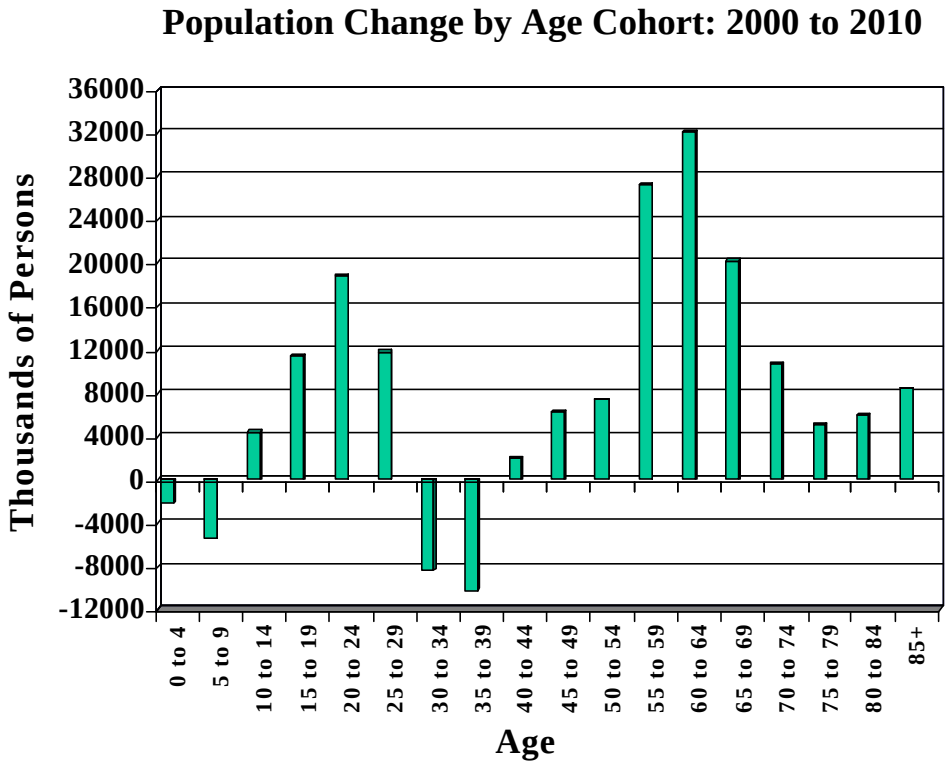
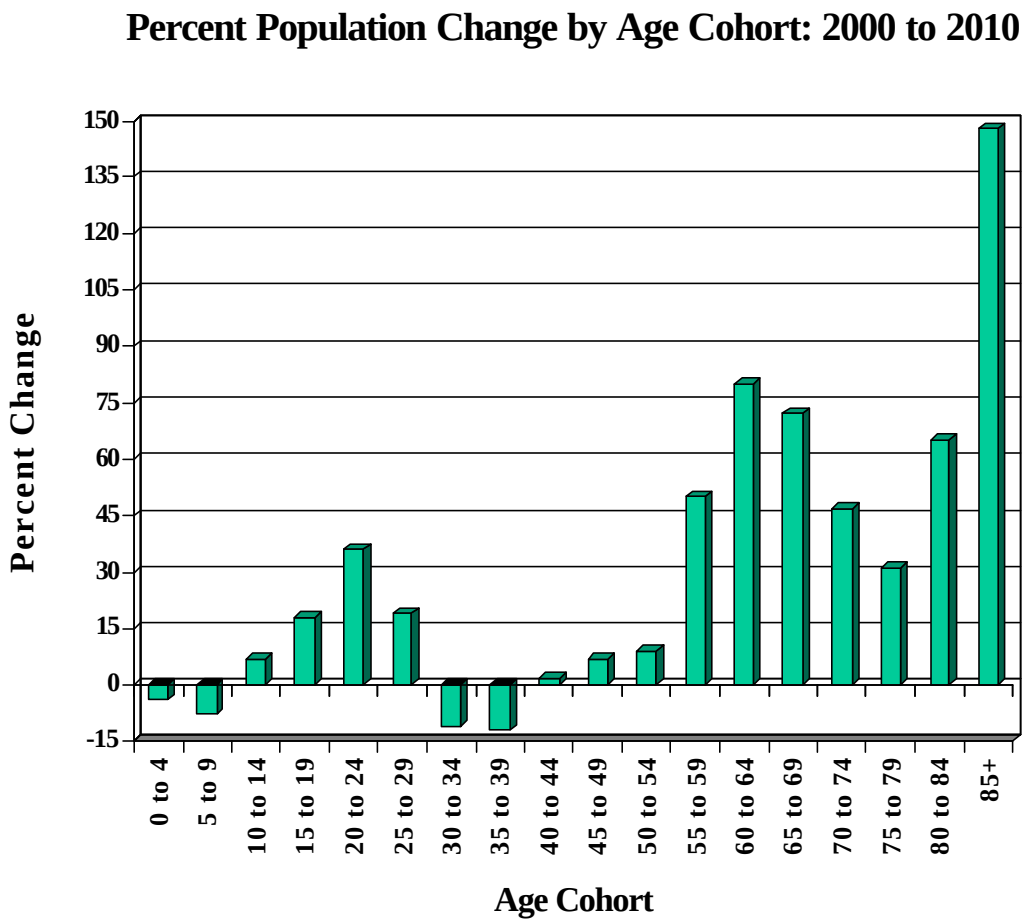


Chart 3:



Together, these charts tell us that the population from age 55 to age 69 is forecasted to grow the most in terms of total persons, while the population age 85 and over is forecasted to experience the largest percentage increase. Since the size of the elderly population is a primary indicator of the demand for long-term care services, these data are compelling. The greatest users of long-term care services tend to be the oldest members of the population, those age 85 and over, so the growth in that age cohort is worthy of particular notice.

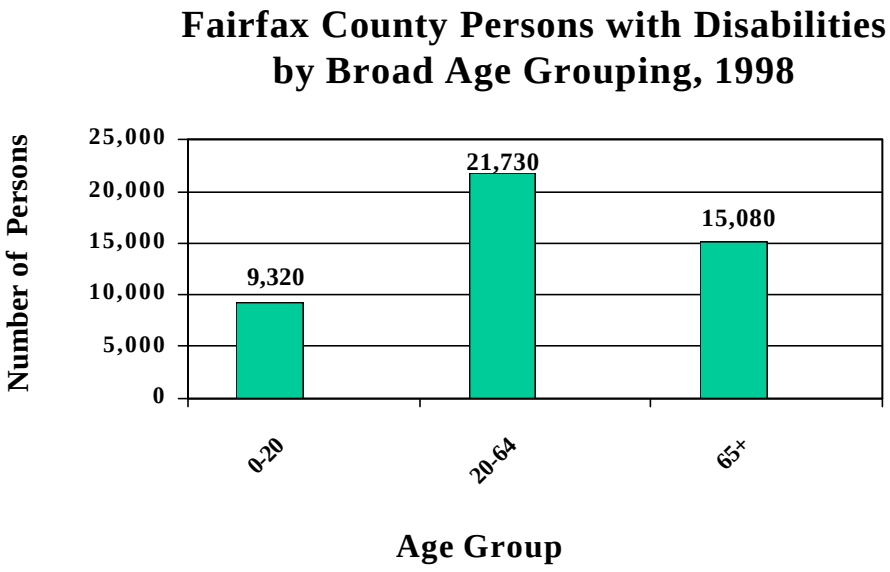
Change in the Adult Working Age Population

Also significant is the minimal growth, or decrease, in total numbers of persons in much of the working age population – persons age 30 to 54 – who are relied upon to be providers of long-term care services. This points to a potential labor supply problem just at the time when it is most needed.

Persons with Disabilities

Nationally, statewide, and locally, age is the main factor affecting the likelihood of having a disability. Chart 4 depicts the population of persons with disabilities in Fairfax County by broad age groupings. In the County in 1998, approximately 20.7 percent of the household population 65 and over (15,080 persons) reported a disability, and about 3.6 percent of the population 20-64 (21,730 persons) reported a disability, for a total of 36,810 persons with disabilities age 20 and over within the household population. In total numbers, the non-elderly population of persons with disabilities is larger than the elderly population with disabilities.

Chart 4:



Overall, nearly 5.1 percent of the County's household population, or an estimated 46,130 persons, had a disability in 1998. This rate is lower than rates quoted for the nation as a whole, although comparisons with national data often cannot reliably be made due to differing definitions of disability.

Although the likelihood of having a disability increases with age, a significant national trend is that the prevalence of disability among the elderly declined by 3.6 percent from 1984 to1994. This suggests that elderly persons as a group may be healthier than they were in prior years.

The Need for Assistance with the Activities of Daily Living

Although there are over 100,000 persons in Fairfax County who are elderly or have a disability, many elderly persons and many disabled persons never require long-term care assistance. Therefore, another view of the population is needed.

Activities of daily living (ADL's) are the basic activities one must perform to care for oneself, such as bathing, eating, dressing, using the toilet, and walking. The size of the population needing assistance with ADL's is a better measure of the population needing long-term care services. As Table 1 demonstrates, the estimated number of persons needing such assistance was 14,500 in 1995 and will grow to an estimated 24,280 in 2010.

Table 1:

Estimates of Number of Persons Needing Assistance with Activities of Daily Living (ADL's)

Age Cohort	Percentage of Age Cohort – 1995 Baseline	Persons Needing Assistance with ADL's – 1995	Persons Needing Assistance 2000 (1998 estimate)	Persons Needing Assistance 2005 (1999 estimate)	Persons Needing Assistance 2010 (1999 estimate)
18 – 34	.9%	2,000	1,840	1,920	2,080
35 – 54	1.1%	3,500	3,660	3,820	3,770
55 – 64	3.1%	2,100	3,100	3,960	4,780
65+	10.3%	6,900	8,750	10,700	13,650
Totals		14,500	17,350	20,400	24,280
Population 18+		673,284	721,383	792,972	860,661
Total Population		879,400	966,137	1,045,417	1,112,943

Baseline data from *Fairfax-Falls Church Community Needs Assessment – 1995*

In 1995, 47 percent of the persons needing assistance with ADL's were over 65 years of age. Based on the 1999 County population forecasts, this percentage will rise to 50 percent in 2000 and 56 percent by 2010.

The trend toward needing increased assistance with advancing age is supported by data from the 1990 U.S. Census, which revealed that nearly 18 percent of Virginians age 60 and over had either mobility or self-care limitations (or both), but 55 percent of the population age 85 and over had these limitations.

Income and Age

The median household income of the County's older population is two and one half times that of the nation's older population.

- The 1997 median household income in Fairfax County for persons aged 65 and over was $50,000, which represented 69 percent of the median income for all households in the County.

- Nationally, the median household income for older persons was $20,761, representing 54 percent of the nation's median household income.

Within this picture of relative prosperity, however, there are low-income persons with significant needs. Approximately 8 percent, or 6,500 persons age 65 and over in the County, receive Medicaid assistance.

For the elderly, income data alone can be unreliable as a measure of financial distress or economic need. Many elderly may experience a reduction in real income as they age, but they may have other assets or personal wealth that ensures they are not in financial distress.

It should also be noted that there is not adequate data available to forecast future income levels for the elderly population in Fairfax County. The high median income for working households may mean higher retirement incomes for "baby boomers" who are now approaching the last few years of their working lives, but data are currently not available to substantiate this conclusion. The future pattern of out-migration for this generation as they retire is also a major unknown, which could significantly affect future income distribution within age groups, as well as limit the ability to forecast numbers of people for age groupings over 65.

Income and Disability

In the County, persons with disabilities are disproportionately represented among low-income persons (See Table 2). While disability rate increases with age in all income groups, it is lower in all age groups for households with incomes over $36,000.

Table 2:

Population Percentages by Disability Status and Age Within Income Group

Disability Status	0 – 17	18 – 34	35 – 54	55 – 64	65 & up
Households with Incomes of $36,000 and below (50% of 1998 County median income)					
With Disability	9%	5%	11%	21%	31%
No Disability	91%	95%	89%	79%	69%
Households with Incomes of $36,000 - $72,000 (50% to 100% of 1998 County median income)					
With Disability	3%	3%	5%	6%	19%
No Disability	97%	97%	95%	94%	81%
Households with Incomes of $72,000 and above (100% of 1998 County median income and above)					
With Disability	3%	2%	2%	5%	18%
No Disability	97%	98%	98%	95%	82%

Based on data from the *1998 Fairfax County Household Survey*

- 31 percent of persons aged 65 and over who live in households with incomes of $36,000 or less have disabilities, compared to less than 20% with disabilities for persons aged 65 and over who live in households with incomes over $36,000.

- For younger adults, aged 35-64, the percentage of persons who live in households with income of $36,000 or less and have disabilities is two to four times the percentage of persons in higher income groups in this age range who have disabilities.

- In addition, the 1998 Household Survey revealed that 33 percent of County residents with disabilities are not in the labor force, compared to only 9 percent of County residents without disabilities.

Mobility Issues

The need for assistance increases with the loss of mobility and access to transportation, especially automobiles. Nationally, according to the Administration on Aging, the population of disabled persons who do not drive (25 to 30 million) is significantly larger than the population of elderly who do not drive (8 million). Since these numbers are likely to grow, meeting the mobility needs of these persons is likely to present a major challenge.

The percentage of elderly without access to a vehicle in Fairfax County is far less than the national rate. Based on the County's 1998 Household Survey data, less than 0.5 percent of persons age 60 and over do not have access to a vehicle, compared to over 19 percent of elderly nationally. These figures do not indicate whether or not a member of the household can actually drive, but only that a vehicle is available to the household.

The larger mobility issue is one of safety, particularly for a community such as Fairfax which is built around the use of the automobile as the primary mode of travel and an essential means to access almost any element of community life. There is a common perception of older driver safety problems, but a 1997 report from the federal Department of Transportation indicated that the fatality rate remained reasonably level up to age 75, then begins to rise, climbing steeply for persons over 80.

Equally, if not more, pertinent is the issue of pedestrian safety. The DOT report also states that "pedestrians aged 70 and over represented almost 9 percent of the population, but accounted for 19 percent of all pedestrian fatalities in 1994."

The need for transportation assistance may be greater for younger persons with disabilities than for the elderly, constituting a significant barrier to employment and higher income. The 1998 Fairfax County Household Survey reported that 16 percent of persons with physical or sensory disabilities use public transportation

to go to work, compared to only 9 percent of persons without these disabilities. The availability of transportation may be a factor in the lower labor force participation rates among persons with disabilities noted above.

Living Arrangements

Living arrangements, particularly in the case of older persons living alone, are an indicator of the potential need for assistance. According to an analysis of 1990 Census data by the Administration on Aging:

- The percentage of men living alone increases from less than 13 percent at ages 65-74, to over 18 percent at ages 75-84, and to 25 percent at age 85 and up.

- By contrast, nearly one-third of women aged 65-74 live alone, rising to over 47 percent at ages 75-84, but dropping slightly to about 42 percent at age 85 and above.

The greater need for assistance for the older age groups is even more evident in data on household type by age compiled by the Administration on Aging from 1990 Census data:

- up to age 74, less than 2 percent of older persons live in group quarters.

- from ages 75-84, the percentage increases to about 7 percent.

- at age 85 and over, 24 percent of the population lives in group quarters.

Not surprisingly, the percentage of persons living in family households steadily drops with age, with only 37 percent of persons age 85 and over living in family households. A family household is defined as a householder living with one or more persons related to him/her by birth, marriage, or adoption.

Family Caregiver Issues

Nearly one in four U.S. households provides care to a relative or friend age 50 or older. Nationally, relatives are estimated to provide 85 percent of the care for persons needing long-term care assistance. The importance of family supports for persons needing long-term care must not be overlooked. The National Academy on an Aging Society has reported that “50 percent of the persons with long-term care needs and no family network are in institutions.” But, in contrast, only “7 percent of the persons with long-term care needs and access to family caregivers are in institutions.” The ramifications of these two statements are profound, both for the recipients of assistance and for the family caregivers.

The American Society on Aging reports that nearly three-fourths (72 percent) of caregivers are female, and the average caregiver is 57 years old, with more than one-third age 65 and over. The ASA estimates that nearly three-fourths of

caregivers live with the care recipient, and 20-40 percent are in the "sandwich generation," caring for children under 18 in addition to a disabled older relative.

In Fairfax County, there are several trends that affect the availability of family members as caregivers.

- The high percentage of women in the labor force in Fairfax County (over 73 percent in 1998, compared to 60 percent nationally) constrains the availability of women as possible caregivers for family members. This situation may also add to the demand for paid caregivers.

- The overall high labor force participation rate in the County, nearly 79 percent compared to 67 percent nationally, also contributes to the labor supply shortage for home and personal care providers.

- The continued trend toward smaller household size in Fairfax County means that there are likely to be fewer family caregivers in the future. Household size in the County has decreased from 2.75 in 1990 to 2.70 in 1998 to an estimated 2.68 in 2010.

The Paid Caregiver Work Force

The development of in-home medical technologies, substantial cost savings, and patients' preference for care in the home have helped make this once small segment of the industry one of the fastest growing in the U.S. economy. The number of elderly persons is projected to rise substantially. In Fairfax County, the elderly in 2000 account for 50% of persons needing ADL assistance, and by 2010, the percentage of elderly will increase to 56% due to faster growth in numbers of elderly overall and a higher rate of need with increasing age.

According to a 1998 report from the Bureau of Labor and Statistics, projected rates of employment growth for this industry range from 8% in hospitals, the largest and slowest growing industry segment, to 80% in the much smaller home health care segment. Health service occupations such as nursing and psychiatric aides, medical assistants, home health aides, and personal care attendants for younger disabled persons attract many workers with little or no specialized education or training. In fact, 56% of the workers in nursing and personal care facilities have a high school diploma or less, as do 24% of the workers in hospitals. In Virginia, 75 hours of training for certification of home health care providers is suggested but not required.

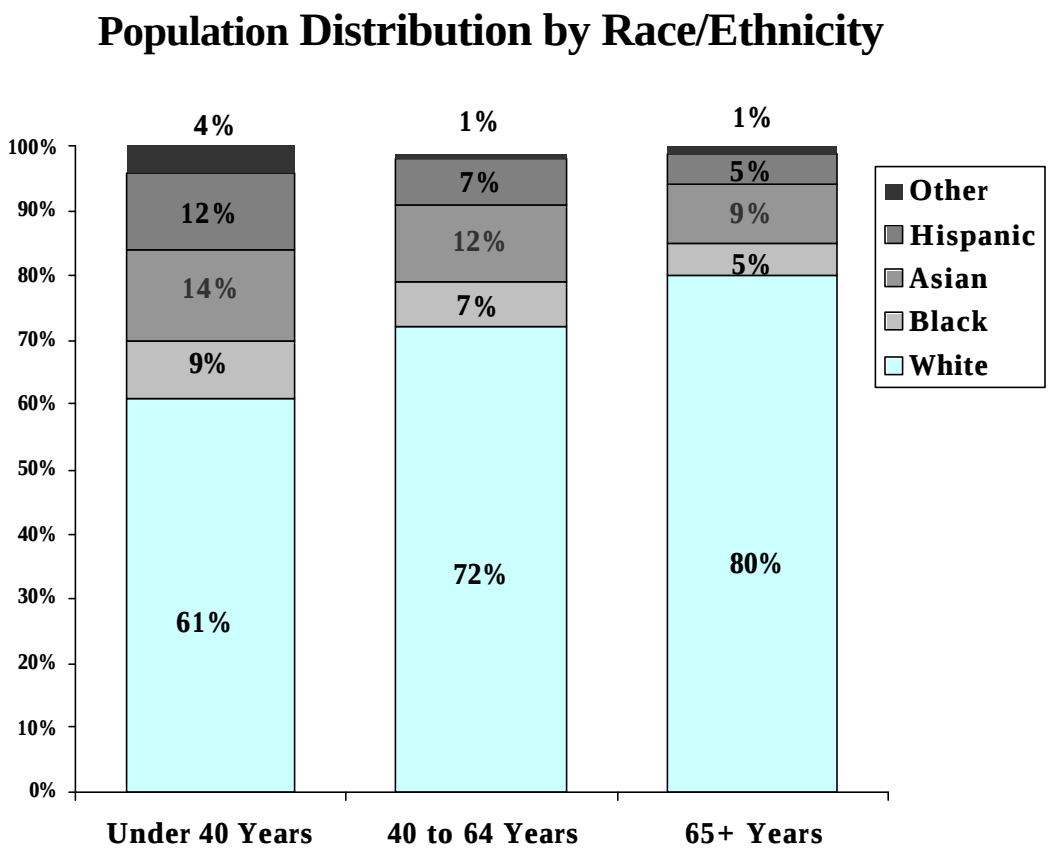
The median hourly wage of home health care providers is $7.94 per hour – working an average of 29 hours a week. Total annual earnings under $12,000, with monthly incomes around $920, no health benefits or reimbursement for travel to and from appointments, result in extremely high turnover for workers in this field. Given the average monthly rent of $989 for housing in Fairfax County, the probability of an individual choosing home health care as their primary field of

work is slim. Home health care occupations have one of the highest turnover rates due to low pay and status, poor benefits, low training requirements and high emotional demands of the work. Most home health aides work part-time on an on-call basis, have a second job, or live in a household where their income is supplemented by other members of that household.

Racial and Ethnic Diversity

As Chart 5 shows, the County's older population is less diverse than those under 65 years of age, although it is likely that the older population will become more diverse over time if current population trends remain. Nationwide, minority populations are expected to comprise 25 percent of the elderly population in 2030. In Fairfax County, that percentage is likely to be reached earlier.

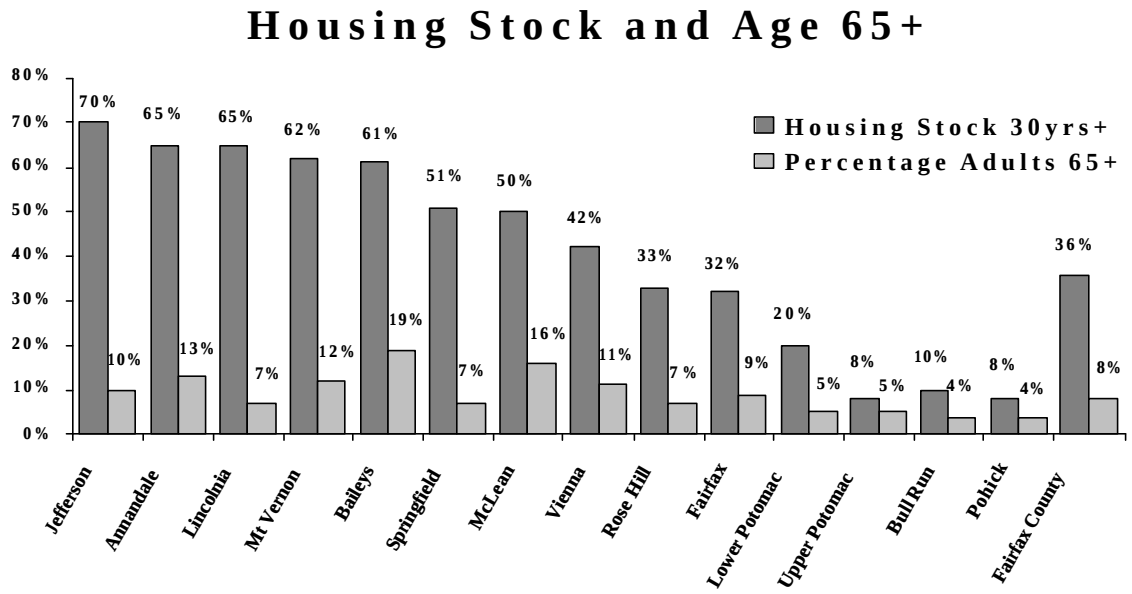
Chart 5:



Language and Cultural Diversity
The County is rapidly becoming more linguistically diverse as the percentage of persons speaking a language other than English at home has risen from 11 percent in 1980 to 19 percent in 1990 to 31 percent in 1998. While many of these persons speak English at home as well, the data presents challenges from the perspective of both service providers and service recipients.

Population and the Age of Housing Stock
For the County as a whole, 36 percent of the housing stock is 30 years old or more but in some areas, primarily those inside the Beltway, the percentages are much higher. Several of these areas are also among the highest in the County in the percentage of residents 65 and over. (See Chart 6) Challenges in home maintenance, home repair, and home modification for persons "aging in place" are likely to arise if current trends remain.

Chart 6:



5. Service Demand Projections for 2010

As a way of thinking about the magnitude of future long-term care needs and the scope of the strategies required to address them, it is useful to make estimates of future service utilization and demand based upon current utilization and demand and projected population growth. These estimates assume, for planning purposes only, that current trends in population, disability rates, and other socioeconomic factors, as well as regulatory programmatic conditions, all remain the same. In reality, changes are likely to occur within the next 10 years that would affect the estimates provided in this section.

1. Adult Day Health Care
Currently there are 110 adult day health care clients served each day with a waiting list of 96 persons. The primary age group served is persons 75 and over. To meet 2010 projections, there would be 178 clients served each day and a waiting list of 156 persons.

2. Senior Centers
Approximately 7,000 seniors are enrolled at the County's senior centers, and they make approximately 208,000 visits to the centers annually. In 2010, there would be a needed capacity for 11,700 enrolled seniors making 347,000 visits.

3. Transportation Service by FASTRAN
One-way rides provided by FASTRAN in FY1999 totaled over 520,000 for elderly and disabled riders. In 2010, it would take over 890,000 rides to provide an equivalent level of service.

4. Home Delivered Meals
In 1999, 233,636 meals were delivered to 1,143 persons. In 2010, 390,200 meals would be delivered to 1,900 persons.

5. Housing Authority's Waiting List
In 1999, there were 548 elderly persons and 1,219 persons with disabilities on the Housing Authority's waiting list for assisted housing. By 2010, growth in these segments of the population could increase these numbers to 787 elderly and 1,476 persons with disabilities.

6. Residential Mental Health Services
Currently, there are 560 persons awaiting admission to one of the four mental health group homes in the County. Projections for 2010 are not meaningful, since those who apply now do not have a chance of being admitted in their lifetime. The new 36-bed facility, Stevenson Place, already has a waiting list of 70 persons.

7. Group Homes for Persons with Mental Retardation, Concern over Caregivers
Based on FY1999 data, there are 505 persons awaiting placement in group homes. Without more specific demographic information regarding the number and age distribution of persons with mental retardation, projections about 2010 demand cannot be made. However, there is concern over the age of the caregivers for the persons on the waiting list. Nineteen percent are 70 or over; 21 percent are age 60-69; 38 percent are age 50-59. Currently, one of five individuals on the waiting list is considered to be in a "high-risk" situation. In 10 years, as the current group of caregivers ages, the number of persons in high-risk situations is likely to increase.

8. Home Repair for the Elderly and Disabled

Approximately 80 homes are repaired each year by the Housing Authority's home repair program for the elderly and disabled, with a waiting list of 40 homes. Currently, 36 percent of the County's housing stock is 30 years old or older, and nearly 9 percent of the population is 65 or over. In 2010, 59 percent of the housing stock will be 30 years old or older, and nearly 12 percent of the population will be 65 or over. It is difficult to predict what service requirements these two trends may combine to create.

9. Assisted Living Beds

In 1999, there were 2,592 assisted living beds in Fairfax County. Assuming that persons age 75 and over are those most likely to live in assisted living facilities, the equivalent number of beds needed in 2010 would be 4,200. The current population of younger adults with more severe disabilities could well impact on that number beyond the year 2010.

10. Affordable Assisted Living Beds

A 2000 study commissioned by the Fairfax County Housing and Redevelopment Authority found no affordable assisted living beds in Fairfax County and a current annual demand for 610 beds from County residents and 406 from outside the County for a total of 1,016 affordable assisted living beds. In 2010, assuming no changes in the percentage of low-income elderly, the annual demand would be 1,645.

11. Congregate Housing

There are currently 2,768 congregate housing units in Fairfax County. In 2010, there would be a need for about 4,500.

12. Nursing Beds

There are currently 1,988 nursing home beds in Fairfax County, and there is a state moratorium on the construction of new beds. Using 1995 national utilization rates per thousand for the age groups 65-74 (10 per thousand), 75-85 (46 per thousand), and 85 and over (199 per thousand), the number of beds needed in 2010 would be approximately 4,860. Using the 1998 Northern Virginia utilization rate for persons age 65 and over (27.9 per thousand), the number of beds in 2010 would be 3,710. The latter figure may be low due to the large increase in the group most likely to use nursing beds, persons age 85 and over, between 1998 and 2010.

13. Case Management

Currently, there are 22 staff-year-equivalent positions providing case management services through the Care Network and DFS Adult Services, with an average caseload of 45 each. To maintain this caseload ratio, there would need to be 35 staff-year-equivalent positions to provide case management to approximately 1,600 cases by the year 2010.

6. Cross Cutting Themes

As the committees undertook their work, several themes emerged that were common to most or all of the committees

Work Force/Labor Supply Concerns
The problem of recruiting and retaining employees as providers of long-term care/personal attendant care services is pervasive. Home health aides, nursing assistants, resident assistants, and personal assistants are critical to the long-term care delivery system. Low pay, a worker pool that is often in short supply in good economic times, and high turnover can combine to affect the availability and quality of long-term care services in a variety of home, community, and institutional settings.

Language and Cultural Issues
The diversity of Fairfax County is reflected in the long-term care delivery system, just as it is elsewhere in the community. An increasing number of recipients of service are persons for whom English is a second language, and who are living in a culture different than their culture of origin. This presents challenges not only in terms of communication, but also in terms of cultural appropriateness. The reverse situation is also becoming increasingly common: the service provider is providing service in a second language and in a different culture.

Limitations on Third-Party Sources of Payment
Other than for persons in nursing facilities, recipients of auxiliary grants, and for the small number of persons with waivers, Medicaid coverage is not available as a comprehensive source of insurance coverage for low-income persons. For example, a frail low-income person in assisted living who is not quite frail enough to meet nursing home criteria does not receive Medicaid coverage for the cost of care in assisted living. Further, Virginia's waiver programs are often compromised by sudden changes in policies and procedures. While Medicare provides coverage for the older population, it does not provide coverage in key areas, such as prescription drugs, extended nursing home stays, and some health services provided in the home. In addition, while private long-term care insurance is available, it has not been widely purchased, the comprehensiveness of coverage varies significantly among policies, and the cost can be prohibitive for persons with limited income.

The Lack of Supports for Non-Elderly Adults with Disabilities in Comparison to the Infrastructure that Exists (However Imperfect) for the Elderly
Medicare and services funded through the Older Americans Act permit a number of supports to be available for older persons. While there are limitations on these funding sources, no comparable infrastructure exists for non-elderly adults with disabilities. Persons whose financial and health situations are identical, other than the fact that one is elderly and one is not, will find different options available

to them. Innovative Medicaid waiver programs could address some of the gaps for younger persons with an array of disabilities who are attempting to remain in the community.

The Need for Improving Consumer Awareness, Knowledge, and Access to Information

Long-term care consumers and their families often simply need good information that they can find on their own in order to manage their own circumstances. At other times, more active efforts are needed to make them aware of the options available to them. At yet other times, a more formal educational effort is called for. And lastly, some consumers and their families need hands-on training. The committees found that despite the efforts that have been initiated through a variety of media, there is still a need to improve upon getting consumers and their families the information they need, at the time that they need it, and at a level of intensity, from simple information and advocacy to training, appropriate to the consumer's needs.